MISSOURI STATE BOARD OF HEALTH Do not use this space. rSICIANS should state ION is very important. BUREAU OF VITAL STATISTICS 33972 CERTIFICATE OF DEATH 1. PLACE OF DEATE Registration District No., Primary Registration District No. 5865 Registered No. (a) Residence, No.. (Usual place of abode) (If nonresident, give city or town and State) EXACTLY. Length of residence in city or town where death occurred mos. / 3 ds. How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from **5A. 1F MARRIED, WIDOWED, OR DIVORCED**, 19....., to......, 19....., 19..... HUSBAND OF (OR) WIFE OF Era L to have occurred on the date stated above, at 2 Cl m 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The orineinal cause of death and related causes of importance were as follows: 7. AGE MONTHS If LESS than 1 YEARS day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and vear)..... occupation..... BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) should 1 PLAINLY. Date of..... What test confirmed diagnosis? 14. BIRTHPLACE (CITY OR TOWN) Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury.

